FORM PTY-CORP POLITICAL PARTY REPORT REGARDING FUNDS FROM CORPORATIONS AND LABOR ORGANIZATIONS **COVER SHEET PG 1** Filer ID 2 Total pages filed The Form PTY-CORP Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00024059 3 POLITICAL PARTY Williamson County Republican Party (P) **OFFICE USE ONLY** NAME Date Received STATE OR COUNTY **ELECTRONICALLY FILED** State **PARTY** 01/28/2025 X County: Williamson POLITICAL PARTY Democrat **TYPE** Republican Libertarian Other: Date Hand-delivered or Date Postmarked (Party name) Receipt # Amount POLITICAL PARTY ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE MAILING ADDRESS PO Box 393 Date Processed Change of Address Round Rock, TX 78680-0393 Date Imaged POLITICAL PARTY TITLE **FIRST NICKNAME** LAST **SUFFIX** MΙ **CHAIR** Michelle Evans **CHAIR MAILING** ADDRESS / PO BOX; STATE: ZIP CODE APT / SUITE #; CITY; **ADDRESS** P.O.Box 393 Change of Address Round Rock, TX 78680 CHAIR STREET STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **ADDRESS** 716 S. Rock Street (Residence or Business) Georgetown, TX 78626 AREA CODE PHONE NUMBER **10** CHAIR PHONE **EXTENSION** (214) 500-0418 11 REPORT TYPE X January 15 8th day before primary election July 15 50th day before general election 12 PERIOD COVERED Month Day Year Month Day Year **THROUGH** 09/06/2024 12/31/2024

POLITICAL PARTY REPORT: TOTALS AND AFFIDAVIT

FORM PTY-CORP COVER SHEET PG 2

L3 POLITICAL PARTY NAM	3 POLITICAL PARTY NAME		14 Filer ID	(Ethics Commission Filers)	
Williamson County Republican Party (P)		00024059			
15 TOTALS	TOTAL CONTRIBUTIONS FROM ORGANIZATIONS (OTHER THAN LOANS OR GUAR)		\$	260.00	
	TOTAL EXPENDITURES FROM (LABOR ORGANIZATION CONTE		\$	1,254.98	
	3. TOTAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$	12,148.76	
A political party must file a report on FORM PTY-CORP for any reporting period during which the party accepts corporate or labor organization contributions, or makes expenditures from corporate or labor organization contributions.					
16 AFFIDAVIT					
		I swear, or affirm, under penalty or true and correct and includes all in under Title 15, Election Code.	nformation require	accompanying report is ed to be reported by me	
			Irs. Michelle Evans ure of Political Party Chair		
AFFIX NOTAR	Y STAMP / SEAL		·		
Sworn to and subscribe	d hafara ma by the said		this the	dov	
of	d before me, by the said, 20, to certify which, witnes:	s my hand and seal of office.	_, uns une	day	
Signature of officer a	dministering oath Printed name	e of officer administering oath	Title of of	icer administering oath	

FORM PTY-CORP **SUBTOTALS - PTYCORP COVER SHEET PG 3** 17 POLITICAL PARTY NAME 18 Filer ID (Ethics Commission Filers) Williamson County Republican Party (P) 00024059 19 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR X \$ 260.00 **ORGANIZATION** SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR 2. \$ LABOR ORGANIZATION SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION \$ 3. SCHEDULE E: LOANS \$ SCHEDULE F1: EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION 5. X 1,254.98 \$ **CONTRIBUTIONS** SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE C1

The Instru	ction Guide explains how to complete this form.	1 Total pages Schedule C1: Sch: 1/1 Rpt: 4/6
FILER NAME		3 Filer ID (Ethics Commission Filers)
Williamson C	County Republican Party (P)	00024059
Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)
09/27/2024	Austin Castles Realty	\$60.00
	6 Corporation / Labor Organization address; City; State; Zip Code	
	Pflugerville, TX 78660	
Date	Corporation / Labor Organization name	Amount of contribution (\$)
09/18/2024	Michael E Gavit	\$200.00
	Corporation / Labor Organization address; City; State; Zip Code	
	Round Rock, TX 78683	
	FILER NAME Williamson C Date 09/27/2024	Williamson County Republican Party (P) Date 09/27/2024 5 Corporation / Labor Organization name Austin Castles Realty 6 Corporation / Labor Organization address; City; State; Zip Code Pflugerville, TX 78660 Date 09/18/2024 Corporation / Labor Organization name Michael E Gavit Corporation / Labor Organization address; City; State; Zip Code

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

Candidate/Officenolder/Politica	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 5/6	Williamson County Republican Party (P) 00024059
4 Date	5 Payee name
09/27/2024	AT&T
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$69.00	PO Box 6463
X Expenditure from corporate funds	Carol Stream, IL 60197-0646
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Utilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Payee name
11/14/2024	AT&T
Amount (\$)	Payee address; City; State; Zip Code
\$69.00	PO Box 6463
X Expenditure from corporate funds	Carol Stream, IL 60197-0646
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Utilities
	Sundos
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Dougo nama
09/19/2024	Payee name City of Georgetown
Amount (\$)	Payee address; City; State; Zip Code
\$351.62	PO Box 1430
X Expenditure from corporate funds	Georgetown, TX 78627
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Utilities
	Otilities
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

EXPENDITURES FROM CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
Sch: 2/2 Rpt: 6/6	Williamson County Republican Party (P) 00024059			
4 Date	5 Payee name			
10/15/2024	City of Georgetown			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$303.12	PO Box 1430			
X Expenditure from corporate funds	Georgetown, TX 78627			
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
EXPENDITURE	Office Overhead/Rental Expense			
	Utilities			
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Payee name			
12/10/2024	City of Georgetown			
Amount (\$)	Payee address; City; State; Zip Code			
\$453.38	PO Box 1430			
X Expenditure from corporate funds	Georgetown, TX 78627			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
	Utilities			
	Cundos			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI	1			
Date	Payee name			
09/19/2024	T-Mobile			
Amount (\$)	Payee address; City; State; Zip Code			
\$8.86	PO Box 37380			
X Expenditure from corporate funds	Albuquerque, NM 87176-7380			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense			
	Utilities			
	Sundos			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
expenditure to benefit C/OI				